

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-0258



December 26, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Pickle Coordinators
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-67

LYNCH V. RANK (PICKLE) – TICKLER SYSTEM

Ref.: Pickle Handbook, Section 4, Pages 4-1 through 4-13

The purpose of this All County Welfare Directors Letter is to inform you that the Department of Health Services will mail out Pickle Tickler Notices of Action (NOAs) the first week of January 2001 to individuals who: (1) currently receive Title II (RSDI), Social Security benefits; (2) have been discontinued from the Supplemental Security Income/State Supplementary Program since January 2000 (for any reason); and (3) were determined ineligible during the Pickle screening process. A copy of the NOA (Notice Type 52) is enclosed.

Counties should receive their individual Pickle Tickler computer report the third week in January 2001. A sample copy of the Tickler computer listing is enclosed. Additionally, pursuant to the LYNCH v. RANK lawsuit, each potentially eligible Pickle individual must receive a Pickle Medi-Cal notice for three consecutive years. Therefore, the January 2001 Tickler report will now only list potential Pickle eligible for the years of 1998, 1999, and 2000. Individuals listed during previous years will be dropped from the report. Henceforth, one year of ineligibles will be purged each year.

In addition, the lawsuit requires that each of the individuals on the Pickle Tickler listing who has an active Medi-Cal case or who brings the Tickler notice into the county welfare department to apply under the Pickle amendment shall have an eligibility determination completed in accordance with Title 22, California Code of Regulations, Section 50189. The eligibility determination shall take place within 30 days of the month preceding or following the Title II, Social Security cost-of-living adjustment.

Please refer to Section 4, pages 4-1 through 4-13 of your Pickle Handbook for specific instructions on county responsibilities for completing Pickle determinations.

All County Welfare Directors
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If you have any questions, please contact Ms. Cecilia Kelley of my staff at (916) 657-0168.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosures

SAMPLE

STATE OF CALIFORNIA
MEDI-CAL ELIGIBILITY DATA SYSTEM

DEPARTMENT OF HEALTH SERVICES

.....COUNTY.....
ALAMEDA

.PAGE.
1

REPORT NO. MR-MED820-R001

REPORT DATE 12/24/99

.....TITLE.....
PICKLE TICKLER REPORT

DISTRICT WORKER

CASE-NAME

COUNTY-ID
01-66-9565984-5-34

MEDS-ID
565-98-4534

BIRTHDATE
09-23-945

SEX
F

ELIG-STATUS
006

SSI-LAST-RECEIVED LAST-PICKLE-CHG

PICKLE-TICKLER

THOMPSON BARBARA

JAMES THOMPSON FOR

24639 LEONA DR

HAYWARD CA

901

PHONE: NONE

CASE-NAME

COUNTY-ID
01-66-9435661-5-36

MEDS-ID
435-66-1536

BIRTHDATE
11-15-945

SEX
M

ELIG-STATUS
999

SSI-LAST-RECEIVED LAST-PICKLE-CHG

PICKLE-TICKLER

ANDERSON JIMMIE

1617 RUSSELL ST APT 202
BERKELEY CA

901

PHONE: NONE

CASE-NAME

COUNTY-ID
01-66-9572828-5-57

MEDS-ID
572-82-8557

BIRTHDATE
08-11-958

SEX
F

ELIG-STATUS
999

SSI-LAST-RECEIVED LAST-PICKLE-CHG

PICKLE-TICKLER

BARBER DOROTHY L

HELEN BARBER FOR

3020 GARBER ST

BERKELEY CA

901

PHONE: NONE

CASE-NAME

COUNTY-ID
01-66-9555087-9-69

MEDS-ID
555-08-7969

BIRTHDATE
01-06-957

SEX
F

ELIG-STATUS
999

SSI-LAST-RECEIVED LAST-PICKLE-CHG

PICKLE-TICKLER

BENEDICT PAULA R

7677 OAKPORT ST STE 1200

901

PHONE: NONE

State of California - Health and Human Services
Department of Health Services
Medical Assistance

NOTICE TYPE 52
NOTICE PREPARATION DATE:
NOVEMBER 14, 2000

MEDI-CAL NOTICE

Lynch v. Rank Tickler Notice

PT00002

SMITH JOHN
JOHN SMITH

11111 MAIN ST
SACRAMENTO CA 95811

TO: Medi-Cal Beneficiaries Discontinued from SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income and/or State Supplemental Program (SSI/SSP) benefits some time after April 1977. We have also been told that your benefits have stopped. If we are wrong and you have never received SSI/SSP, or you are now getting SSI/SSP benefits, please ignore this notice.

The purpose of this notice is to let you know that under a federal law called the Pickle amendment, Medi-Cal eligibility continues without a share of cost for certain individuals whose SSI/SSP benefits were stopped.

What does this mean to you? Because you once received SSI/SSP and are still on our list, you may be evaluated for Medi-Cal under the Pickle legislation. If eligible, you will receive Medi-Cal with no share of cost.

How do you apply? Call your local county welfare office within 30 days if you want your Medi-Cal eligibility determined under the Pickle Amendment. They will send you an application and/or make an appointment for you. Be sure to save this notice.

What if you already get Medi-Cal but have to pay a share of cost? Call your worker at your local welfare office and ask that your case be evaluated for "Pickle" eligibility.

What if you already get Medi-Cal and have no share of cost? Just ignore this notice unless you start to receive a share of cost.

What if you are now getting SSI/SSP benefits? You should ignore this notice. Persons who receive SSI/SSP automatically receive Medi-Cal at no share of cost.

If you have any questions about your Medi-Cal benefits as a Pickle eligible, you should contact the county welfare department for the county in which you live. To help you, we have listed below the address and telephone number of the county welfare department in your area.

Note: If you have already been in contact with the county welfare department regarding your Pickle status, please follow their instructions and ignore this notice.

CONTACT: Sacramento County
Department of Human Assistance
4875 Broadway, Suite C
Sacramento, CA 95820
(916) 874-9461/874-9790
Attn.: F Tam/Amie Vo